

## APPLICATION FOR REVIEW

## BUILDINGS, HVAC, FIRE AND COMPONENTS – SBD-118

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

OFFICE USE:

Trans ID: \_\_\_\_\_

Assigned Reviewer: \_\_\_\_\_

Assigned Office: \_\_\_\_\_

Reviewer Start Date\*: \_\_\_\_\_

For pre-scheduling of building HVAC, and fire plans, use the electronic online request for commercial building plan appointments found at <http://commerce.wi.gov/SB/SB-DivPlanReview.html#>. This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a revision via FAX ( see Box 13 for further information). Check our website at <http://commerce.wi.gov/SB/SB-DivForms.html> for the most current version of this form. We may re-distribute plans to another office if needed to reasonably balance turnaround times. You may monitor the status of your plan at: <http://commerce.wi.gov/SB/SB-DivReviewStatusSearch.html>

Enter Previous Related Trans. ID if applicable: \_\_\_\_\_

(If no previous related transaction is provided, plan review will normally be based on the current code, except for revisions. If a previous related transaction is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC and fire protection submittals related to that building approval. Note that this submittal's approval would then expire no later than the parent building approval.)

☐ Please review under the code in effect at the time of the parent building approval.

Circle your choice of office: 1. Next available appt in any office 2. Green Bay  
3. Hayward 4. LaCrosse 5. Madison 6. Shawano 7. Waukesha

FOR SCHEDULING REVISIONS BY FAX - Enter date plan will be in our office: \_\_\_\_\_

Indicate where we should send our confirmed appointment information to: \_\_\_\_\_

☐ email: ☐ Fax: \_\_\_\_\_

## 1.a. Type of Submittal or Service Requested (check all that apply)

- ☐ New  
☐ Alteration – Level: ☐ 1 ☐ 2 ☐ 3  
☐ Addition/Alteration–Level: ☐ 1 ☐ 2 ☐ 3  
☐ Approval Extension  
☐ Revision  
☐ Revision Following Held Plans  
☐ Follow Up of a Denial Within 8 Months  
☐ Preliminary Consultation (contact reviewer before scheduling or submitting)  
☐ Footing & Foundation Plans Only  
☐ Structural Framework – Shell Only  
☐ Permission to Start  
☐ Multiple Identical Buildings (see box 5)  
 Number of Buildings \_\_\_\_\_

## b. Objects Submitted for Review (check all that apply)

- ☐ Building  
☐ Membrane Construction  
☐ Canopy  
☐ Elevated Pedestrian Access  
☐ Historical Building–Attach certification  
☐ Bleacher  
☐ Stand Alone Bleacher (not part of building project)  
☐ Rack Supported Storage Building  
☐ Building & HVAC  
☐ HVAC  
☐ HVAC Alone (no related bldg submittal)  
☐ Kitchen Exhaust Hood  
☐ Fire Suppression (see box 7)  
☐ Fire Detection/Alarm (see box 7)

## c. Structural Component Plan(s) which accompany this submittal (check all that apply):

- ☐ Roof Truss ☐ Metal Bldg  
☐ Floor Truss ☐ Fire Escape  
☐ Steel Girder ☐ Precast Plank  
☐ Laminated Wood ☐ Precast Wall

## 2. Occupancy Type

Major Use – Check Use with the Greatest Floor Area

- ☐ A Assembly  
☐ B Business/Office  
☐ E Educational  
☐ F Factory/Industrial  
☐ H Hazardous  
☐ I Institutional/Daycare/CBRF  
☐ M Mercantile/Retail  
☐ R Residential  
☐ S Storage  
☐ U Utility/Misc

Additional Non-Accessory Occupancies – Circle All that Apply )

- A1 A2 A3 A4 A5  
 B  
 E  
 F1 F2  
 H1 H2 H3 H4 H5  
 I1 I2 I3 I4  
 M  
 R1 R2 R3 R4  
 S1 S2  
 U

## 3. Construction Information

Construction Class – Circle One

IA IB IIA IIB IIIA IIIB IV VA VB

Area (project area, include all levels): \_\_\_\_\_ sq ft

Number of Floor Levels \_\_\_\_\_

Total Building Volume is less than 50,000 Cu. Ft. \_\_\_\_Yes \_\_\_\_No

Seismic Review Threshold (circle one)

1. B-F and greater than 1 story 2. A or 1 story  
 3. Non-Structural Alteration

## 4. Project Information – Fill in all known information

Site Number If Known \_\_\_\_\_

Project/Site Name \_\_\_\_\_

Tenant name or building designation \_\_\_\_\_

Previous Tenant Name \_\_\_\_\_

Number &amp; Street \_\_\_\_\_

County \_\_\_\_\_ City ( ) Village ( ) Town ( ) of \_\_\_\_\_

## 5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)

Building/Facility Name/Designation	Building/Facility Address

## 6. After plans are reviewed, please: (check all that apply) \*Refers to customer number from below

☐ Call Customer 1, 2, 3, 4 (circle number)\* ☐ Mail plans to customer 1, 2, 3, 4 (circle number)\*

☐ Hold plans for pickup by designer designated agent

## Designer Information (Customer 1)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Check others if applicable First Time Submitter \_\_\_\_Yes \_\_\_\_No

☐ Designer of \_\_Bldg \_\_HVAC, \_\_Fire Alarm \_\_Fire Suppression \_\_\_\_Owner

Designer A/E # \_\_\_\_\_

☐ Supervising Professional A/E # \_\_\_\_\_ of \_\_Bldg \_\_HVAC

## Designer Information (Customer 2)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Check others if applicable First Time Submitter \_\_\_\_Yes \_\_\_\_No

☐ Designer of \_\_Bldg \_\_HVAC, \_\_Fire Alarm \_\_Fire Suppression \_\_\_\_Owner

Designer A/E # \_\_\_\_\_

☐ Supervising Professional A/E # \_\_\_\_\_ of \_\_Bldg \_\_HVAC

## Property Owner (not leasee) Information (Customer 3)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## Other (Customer 4)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## 7. Fire Protection (Check System Type That Applies)

Fire suppression and alarm plans are required for certain occupancies. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm must be submitted to the Waukesha office. Please include the original building transaction number on the second line of page 1, upper right hand box. **Do not** submit fire suppression or fire alarm plans together with building or HVAC plans unless they are scheduled for the Waukesha office. A separate application form and plan sets are required.

### Fire Alarm:

☐ Complete ☐ Partial ☐ None  
Type: ☐ Automatic Detection ☐ Manual Alarm

### Monitoring Type:

☐ Central Station ☐ Proprietary Supervision  
☐ Remote Supervision ☐ Protected Premises

### Fire Suppression:

☐ Complete ☐ Partial ☐ None  
Type: ☐ Wet ☐ Dry ☐ Pre-action/Deluge  
☐ Anti-Freeze ☐ Manual Wet

### Monitoring Type:

☐ Central Station ☐ Proprietary Supervision  
☐ Remote Supervision ☐ Protected Premises

### NFPA Fire Suppression Standards used

☐ 11 ☐ 11A ☐ 12 ☐ 13 ☐ 13R  
☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 17R  
☐ 17A ☐ 20 ☐ 22 ☐ 24 ☐ 750  
☐ 2001 ☐ Other \_\_\_\_\_

## 8. Other Potential Plan Submittals Required For A Project?

- Petition for Variance – Submit form SBD-9890
- Plumbing and private sewage systems under chapters Comm 81-85
- Elevators or Escalators under chapter Comm18
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter Comm 90
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter Comm 10
- There is no state electrical review

Contact S&BD for individual submittal requirements for all of the above.

For licensing of Hotels, Motels, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the WI Environmental Sanitation Section at (608) 266-2835. The Wisconsin Permit Center at 1-800-435- 7287 may be able to help you with other state permit requirements.

**Note: Be aware that State Plan Review & Approval is separate from Local Permits. Always check with the local municipality and county for their requirements.**

## 9. Required Signatures

- a) **SUPERVISING PROFESSIONALS** If building will be 50,000 cu ft or greater (Comm 61.40) I have been retained by the owner as the supervising professional per Comm 61.50 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the Department and municipality certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the Department as such and indicating the current status of compliance.

Signature

Print

☐ Building ☐ HVAC Date \_\_\_\_\_

☐ Building ☐ HVAC Date \_\_\_\_\_

☐ Building ☐ HVAC Date \_\_\_\_\_

☐ Building ☐ Hvac Date \_\_\_\_\_

- b) **COMPONENT SUBMITTAL** The Department requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer

Date Signed

Name of Component Fabricator

- c) **Optional Service**-Permission to start requested – Be sure to check box under Building Submittal Type on front page)  
☐ As the owner, I request to begin footing and foundation work PRIOR to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction. I will not permit construction above the foundation until approved plans are at the site.

(Additional \$50.00 Fee per building) Request is for the following buildings: \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

## 10. Statements of Owners and Designer

a) **OWNERS Statement** The owner indicated on page 1 requests that plans be reviewed for compliance with the code requirements set forth in Chapters Comm 61 to 65 of the department. The owner recognizes responsibility for compliance with all the code requirements and any conditions of approval. If a building is 50,000 cubic feet in total volume or greater, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (Comm 61.31). Signatures and seals affixed to the plans shall be original.

b) **DESIGNERS Statement** (Comm 61.20, 61.31 (1), and 61.40) The designer indicated on page 1 of this form is responsible for preparing or supervising the preparation of the plans to the best of his/her knowledge to comply with the applicable codes of the Division of Safety & Buildings for this submittal. If a building, following construction of this project, contains more than 50,000 cubic feet in volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer, architect, or designer (Comm 61.31(1)). Signatures and seals affixed to the plans shall be original.

**11. Fee Calculation Instructions**  
**FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE**  
**Calculate appropriate fee on page 4 and enter total on Page 4.**

- I. Building, heating and ventilation, fire alarm and suppression plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-1 or Table 2.31-2

**Note:** Comm 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

**Table 2.31-1**  
**Plan Review Fees for**  
**Buildings Not Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings**

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$300	\$180	\$50	\$50
2,500 - 5,000	350	250	100	100
5,001 - 10,000	600	300	150	150
10,001 - 20,000	800	450	200	200
20,001 - 30,000	1,200	600	250	250
30,001 - 40,000	1,600	900	400	400
40,001 - 50,000	2,100	1,200	550	550
50,001 - 75,000	2,900	1,600	800	800
75,001 - 100,000	3,600	2,200	1,100	1,100
100,001 - 200,000	6,000	2,900	1,400	1,400
200,001 - 300,000	10,500	6,700	3,300	3,300
300,001 - 400,000	15,500	9,800	4,800	4,800
400,001 - 500,000	18,500	12,000	6,300	6,300
Over 500,000	20,000	13,500	7,100	7,100

**Table 2.31-2**  
**Plan Review Fees for**  
**Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings**

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce. Reduced fees do not apply to state owned buildings. Check our website home page at <http://www.commerce.wi.gov/SB/SB-CommBldgsDeleMunis.html>, or call 608-266-3151 for the current list.

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$250	\$150	\$30	\$ 30
2,501 - 5,000	300	200	60	60
5,001 - 10,000	500	300	100	100
10,001 - 20,000	700	400	150	150
20,001 - 30,000	1,100	500	200	200
30,001 - 40,000	1,400	800	350	350
40,001 - 50,000	1,900	1,100	500	500
50,001 - 75,000	2,600	1,400	700	700
75,001 - 100,000	3,300	2,000	1,000	1,000
100,001 - 200,000	5,400	2,600	1,200	1,200
200,001 - 300,000	9,500	6,100	3,000	3,000
300,001 - 400,000	14,000	8,800	4,400	4,400
400,001 - 500,000	16,700	10,800	5,600	5,600
Over 500,000	18,000	12,100	6,400	6,400

**NOTE:** A plan entry fee of \$100.00 shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.

**Note:** A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**: The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 2.31-1 or 2.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

## 12. CALCULATION OF FEES

**Determine Project Area:** The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, industrial equipment platforms, balconies, lofts, decks, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total project area is the summation of all floor areas that are part of this project. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Project Area				=	_____

**B. Determine Fee Table:** Determine the appropriate fee table based on the project location.

**C. Compute Total Fee**

- **Building Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00
- **Hvac Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00
- **Fire Alarm Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00
- **Fire Suppression Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00
- **Miscellaneous Fee** No. of Buildings \_\_\_\_\_ x \$250.00 \$\_\_\_\_\_.00  
(plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, etc)
- **Permission to Start Construction** No. of Buildings \_\_\_\_\_ X (\$75.00) \$\_\_\_\_\_.00
- **Revision to previously reviewed, but not denied, plans** No. of Buildings \_\_\_\_\_ X (\$75.00) \$\_\_\_\_\_.00  
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- **Additional number of plan sets** No. of Plan sets in excess of 5 \_\_\_\_\_ X (\$25.00/set) \$\_\_\_\_\_.00
- **Components** \$\_\_\_\_\_.00  
(Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, fee is only the minimum \$100 submittal fee. If submitted as a stand-alone project, fee is \$200, plus the \$100 submittal fee. The \$100 submittal fee applies per each previous building transaction.)
- Other \$\_\_\_\_\_.00
- Submittal Fee (required for each and every separate submittal of choices above) \$ **100.00**
- Additional sets of approved plan sets requested after plan approval No. of Plan Sets \_\_\_\_\_ X (\$25.00) \$\_\_\_\_\_.00
- Plan Approval Extension (\$120.00) \$\_\_\_\_\_.00

**MAKE CHECKS PAYABLE TO DEPT OF COMMERCE.**

**Total Amount Due**

\$ \_\_\_\_\_

**ATTACH CHECK TO PAGE 1**

Revenue Code 7648

**13. Appointment, Scheduling Information, and Plan Submittal Checklist.**

**To schedule for other than revisions – do not use this form. Instead you can utilize our 24-hour web scheduling site located at <http://www.commerce.wi.gov/SB/SB-DivPlanReview.html> to reserve an appointment date while you are still working on the plans.**

**For revision appointments fax to 877-840-9172.**

Web Scheduling allows you to view the next available appointment in any office and select an office that best fits your timeframe. You will receive a completed application form with an appointment date, transaction ID number, assigned reviewer, and required fees based on what you entered. Pre-scheduled plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.

Check our Website at <http://commerce.wi.gov/SB/SB-CommBldgPlanRevInfo.html>. You may email technical code questions to [bldgtech@commerce.state.wi.us](mailto:bldgtech@commerce.state.wi.us) or fax to (608) 283-7403.

**Madison S&BD**

201 W Washington Ave  
53703  
PO Box 7162  
Madison WI 53707-7162  
608-266-3151  
TTY Contact Through Relay  
Fax (for sending questions or additional info to reviewers)  
608-267-9566

**Hayward S&BD**

10541N Ranch Rd  
Hayward WI 54843  
715-634-4870  
Fax (for sending questions or additional info to reviewers)  
715-634-5150

**LaCrosse Area S&BD.  
3824 N Creekside La  
Holmen WI 54636  
(NOTE CHANGE)**

608-785-9334  
Fax (for sending questions or additional info to reviewers)  
608-785-9330

**Shawano S&BD**

1340 E Green Bay  
Shawano WI 54166  
715-524-3626  
Fax (for sending questions or additional info to reviewers)  
608-283-7444

**Green Bay S&BD**

2331 San Luis Place  
Green Bay, WI 54304  
920-492-5601  
Fax (for sending questions or additional info to reviewers)  
920-492-5604

**Waukesha S&BD**

141 NW Barstow St. 4<sup>th</sup>  
Floor  
Waukesha WI 53188-3789  
262-548-8600  
Fax (for sending questions or additional info to reviewers)  
262-548-8614